



## GEORGIA MEDICAID FEE-FOR-SERVICE COLONY STIMULATING FACTORS PA SUMMARY

Preferred	Non-Preferred
Fulphila (pegfilgrastim-jmdb) Leukine (sargramostim) Neupogen (filgrastim) Udenyca (pegfilgrastim-cbqv)	Granix (tbo filgrastim) Neulasta (pegfilgrastim) Nivestym (filgrastim-aafi) Zarxio (filgrastim-sndz) Ziextenzo (pegfilgrastim-bmez)

**LENGTH OF AUTHORIZATION:** 1 year

### NOTES:

- Preferred products and non-preferred products require prior authorization.
- **The PA criteria below is for Pharmacy Services only.** Physicians administering medication in a clinic or office must bill the drug through Physician Services and not through Pharmacy Services. Information regarding the Providers' Administered Drug List (PADL) is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) and log in to request coverage from Physician Services.

### PA CRITERIA:

#### Granix, Fulphila, Neulasta, Udenyca and Ziextenzo

- ❖ Approvable for members with a diagnosis of non-myeloid cancer who have chemotherapy-induced neutropenia or who are on a myelosuppressive chemotherapeutic regimen. In addition for Granix, Neulasta and Ziextenzo, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Fulphila, Neupogen and Udenyca, are not appropriate for the member.
- ❖ Must be prescribed by or in consultation with an oncologist or hematologist.

#### Leukine

- ❖ Approvable for members with the following diagnoses
  - Neutrophil recovery following induction or consolidation chemotherapy in acute myelogenous leukemia (AML)
  - Enhancement of peripheral progenitor cell yield
  - Bone marrow transplantation (BMT)/stem cell transplantation (SCT) and engraftment is delayed or failed
  - Myeloid reconstitution after autologous BMT/SCT or allogeneic BMT/SCT.
- ❖ Approvable for members with a diagnosis of cancer who have chemotherapy-induced neutropenia or who are on a myelosuppressive chemotherapeutic regimen.
- ❖ Must be prescribed by or in consultation with an oncologist or hematologist.

#### Neupogen, Nivestym and Zarxio

- ❖ Approvable for members with the following diagnoses
  - Neutrophil recovery following induction or consolidation chemotherapy in acute myelogenous leukemia (AML)



- Bone marrow transplantation (BMT)/stem cell transplantation (SCT)
  - Enhancement of peripheral progenitor cell yield.
- ❖ In addition for Nivestym and Zarxio, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Neupogen, is not appropriate for the member.
- ❖ Approvable for members with a diagnosis of severe chronic neutropenia when the absolute neutrophil count (ANC) is less than 500 mm<sup>3</sup>. In addition for Nivestym and Zarxio, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Neupogen, is not appropriate for the member.
- ❖ Approvable for members with a diagnosis of non-myeloid cancer who have chemotherapy-induced neutropenia or who are on a myelosuppressive chemotherapeutic regimen. In addition for Nivestym and Zarxio, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Fulphila and Neupogen, are not appropriate for the member.
- ❖ Must be prescribed by or in consultation with an oncologist or hematologist.

#### **EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

#### **PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

#### **PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

#### **QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.